

New Jersey Department of Education
Offices of Bilingual Education and Equity Issues and Bureau of Planning and Entitlement Grants
TITLE III SUPPLEMENTAL IMMIGRANT STUDENT AID
FY 2003 Final Report
Project Period 2/3/2003 to 8/31/2003

1. LEA: _____		PROJECT NUMBER: SISA _____-03	
3. County: _____			
4. Contact Person: _____		4a. Tel. # _____	4b. Fax # _____
5. Address: _____			

7. EXPENDITURE CATEGORY	7a. FUNCTION OBJECT CODE	7b. EXPENDED FUNDS	7c. FUNDS TO BE REFUNDED
INSTRUCTION: Personnel Services - Salaries	100-100		
Purchased Prof. & Tech. Serv.	100-300		
Other Purchased Services	100-500		
General Supplies	100-600		
Other Objects	100-800		
SUBTOTAL INSTRUCTION			
SUPPORT SERVICES			
Personnel Services - Salaries	200-100		
Personnel Services-Employee Benefits	200-200		
Purchased Prof.-Ed Services	200-300		
<i>Purchased Prof. - Ed. Serv.</i>	200-320		
Purchased Property Services	200-400		
Other Purchased Services	200-500		
<i>Travel</i>	200-580		
Supplies and Materials	200-600		
Other Objects	200-800		
<i>Indirect Costs</i>	200-860		
SUBTOTAL – SUPPORT SERVICES			
FACILITIES ACQUISITION & CONSTRUCTION SERV.			
Buildings (Use Charge)	400-720		
Instructional Equipment	400-731		
Noninstructional Equipment	400-732		
SUBTOTAL – FACILITIES ACQ & CONSTR			
Schoolwide Programs: Abbott	520-930		
Schoolwide Programs: Non-Abbott	520-932		
TOTAL FUNDS			

8a. Approved FY 2003 Award: \$ _____	8b. Total Expended Amount: \$ _____	8c. Total Refund Amount: _____
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9. To the best of our knowledge, we certify that this report is accurate.	
Approved by Chief School Administrator: (Signature): _____	Date: _____
Approved by Board Secretary/School Bus. Admin : (Signature): _____	Date: _____

INSTRUCTIONS FOR COMPLETING FINAL REPORT

- 1-5. Complete all identifying information.
- 6. Indicate whether or not the goals, objectives and activities in the approved application have been completed. If not, provide a rationale. Attach a separate sheet if necessary.
- 7-7a. For the *Support Services* expenditure category (column 7) write in those items and function/object codes (column 7a) as needed to identify the expended funds (columns 7b through 7f).
- 7b. Enter by line item and column the amount expended from the originally approved budget or the most recently approved amended budget.
- 7c. Enter by line item the unexpended amounts that the LEA will be returning.
- 8.a. Enter your LEAs approved FY 2003 award.
- 8b. Enter the Total Expended Amount calculated by adding the Total Funds in Columns 7b.
- 8c. Calculate the amount to be refunded by subtracting 8b. from 8a, and totaling 7g. Both figures should agree.
Make check payable to: **Treasurer, State of New Jersey**, and mail the check with a copy of the first page of the Final Report to:

New Jersey Department of Education
Office of Budget and Accounting
Bureau of Revenue and Grant Accounting
PO Box 500
Trenton, New Jersey 08625-0500

NOTE: 8b + 8c = 8a.

- 9. Signature of Chief School Administrator and date following review.
Signature of Board Secretary and date following review.

Send the original and one copy of this Final Report to:

Eunice Y. Couselo, Director
New Jersey Department of Education
Office of Specialized Populations
PO Box 500
Trenton, New Jersey 08625-0500

DUE: DECEMBER 12, 2003

Please maintain a copy of the report in the district office.